

ROLESVILLE PARKS & RECREATION DEPARTMENT REGISTRATION FORM

(Please Print)

Group Fitness Session (circle one) Jan / Feb / Mar / Apr / May / June / July / Aug / Sept / Oct / Nov / Dec				
PARTICIPANT INFORMATION				
Rolesville resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Participant Name:	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Home phone number: ()	Mobile phone number: ()	
P.O. box:	City:	State:	ZIP Code:	
E-mail:				
Chose classes because/Referred to classes by (please check one box):		<input type="checkbox"/> Town Newsletter	<input type="checkbox"/> Facebook	<input type="checkbox"/> Buzz
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Town Website	<input type="checkbox"/> Other:
Other classes taken here:				

CLASS INFORMATION			
Class name	Time		Cost for 4 classes
Tabata Interval Training	Tuesday 6 am	<input type="checkbox"/> Yes	\$32
Tabata Interval Training	Thursday 6 am	<input type="checkbox"/> Yes	\$32
Hi Lo Aerobics	Tuesday 6 pm	<input type="checkbox"/> Yes	\$32
Strength and Stretch	Tuesday 7 pm	<input type="checkbox"/> Yes	\$32
Dance Fitness	Thursday 6 pm	<input type="checkbox"/> Yes	\$32
Body Sculpt	Thursday 7 pm	<input type="checkbox"/> Yes	\$32
Total:			

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to you:	Home phone no.:	Cell phone no.:
Any medical conditions instructor should be made aware of?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

The above information is true to the best of my knowledge. I, the participant or legal guardian of the participant, give my consent to participation in activity listed above. I hereby assume all risks and hazards incidental to such participation in and transportation to and from the activity. I release, above, and indemnify the Town of Rolesville, employees of the town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I have read and agree to the terms stated above.

Participant/Guardian signature

Date

Questions contact: JG Ferguson
Email: jg.ferguson@rolesville.nc.gov
Office: 554-6582

Mail to: Parks and Recreation
PO Box 250
Rolesville, NC 27571
Or drop-off at 514 Southtown Circle